**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3140 N Street Lincoln, Nebraska 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**
**No. HS000796**

**System Type:** Standard

**Situs:** 5151 BENTLEY DR, RURAL, NE

Issued: 8/13/2013

Expires: 8/8/2014

**Description:** SILVER SPRINGS ADDITION, BLOCK 1, Lot 3

**Owner:** GELBER, ELAINE N TRUSTEE
5151 BENTLEY DR
LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND, NE 68428

**Lincoln-Lancaster County Health Department**
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AUG 07 2013

A

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number H5000796

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

**Include Form B and C. Submit correct fee with this Application**

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 5151 Bentley Dr (no rural route) City Lincoln, NE Zip 68516

Legal Description NE 32 9N 7E Silver Springs 2nd. 1 3

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 16-32-201-003-000

## B. Owner

Name Elaine Gelber Signature attached

Address 5151 Bentley Dr City/State/Zip Lincoln NE 68516

Home Phone 402-420-6733 Work Phone 402-730-7574

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Kim L. Jakoubek for Lloyd

Address 13700 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone

## D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

## E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.29

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☑ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

**1. Health Department**

Site visits

Comments

Date rec'd 8/8/13

Date frwd 8/8/13

**ACTION** ☑ Approved ☐ Disapproved

Signature

**2. Supt. Bldg. Insp. or Village Clerk**

Comments

Date rec'd

Date frwd

**ACTION** ☐ Approved ☐ Disapproved

Signature

**3. City or County Engineer**

Comments

Date rec'd

Date frwd

**ACTION** ☐ Approved ☐ Disapproved

Signature

**Installation Final Written Approval**

By

Date

***Business Office Use Only***

Date Received 8-12-13 Amount Paid 355.—

Received By Rstall Cash/Check No. 8176

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

AUG 07 2013

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 7 ; Section & ¼ Section 32 .
Property Dimensions: _____ ft. x _____ ft. Area: 120 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-26-95 to 6-27-95 . Weather: Precip. 0 Temp. 82° .

OWNER: Bruce Schwartz

Address: 8800 So. 68th 68516

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | Results | |
| | | Start | | End | | Start | | | End | | | | |
| Hold No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Water Level (in.) | Time (Hr./ Day) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36" | 6/26 | 5 PM | 6/27 | 1:30 am | 6/27 | 732 | 6" | 1130 | 2" | 30 min | 1/2" | |
| 2 | | | | | | | | | | 2" | | 1/2" | |
| 3 | | | | | | | | | | | | 2 1/4" | |
| 4 | | | | | | | | | | | | 1" | |
| 5 | | | | | | | | | | | | 3/4" | |
| 6 | | | | | | | | | | 2" | | 1/2" | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Bruce Schwartz
Signature of Person Conducting Test

Address 8800 So. 68th Phone 432-0815

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: June 29, 1995

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

AUG 0 7 2013

C

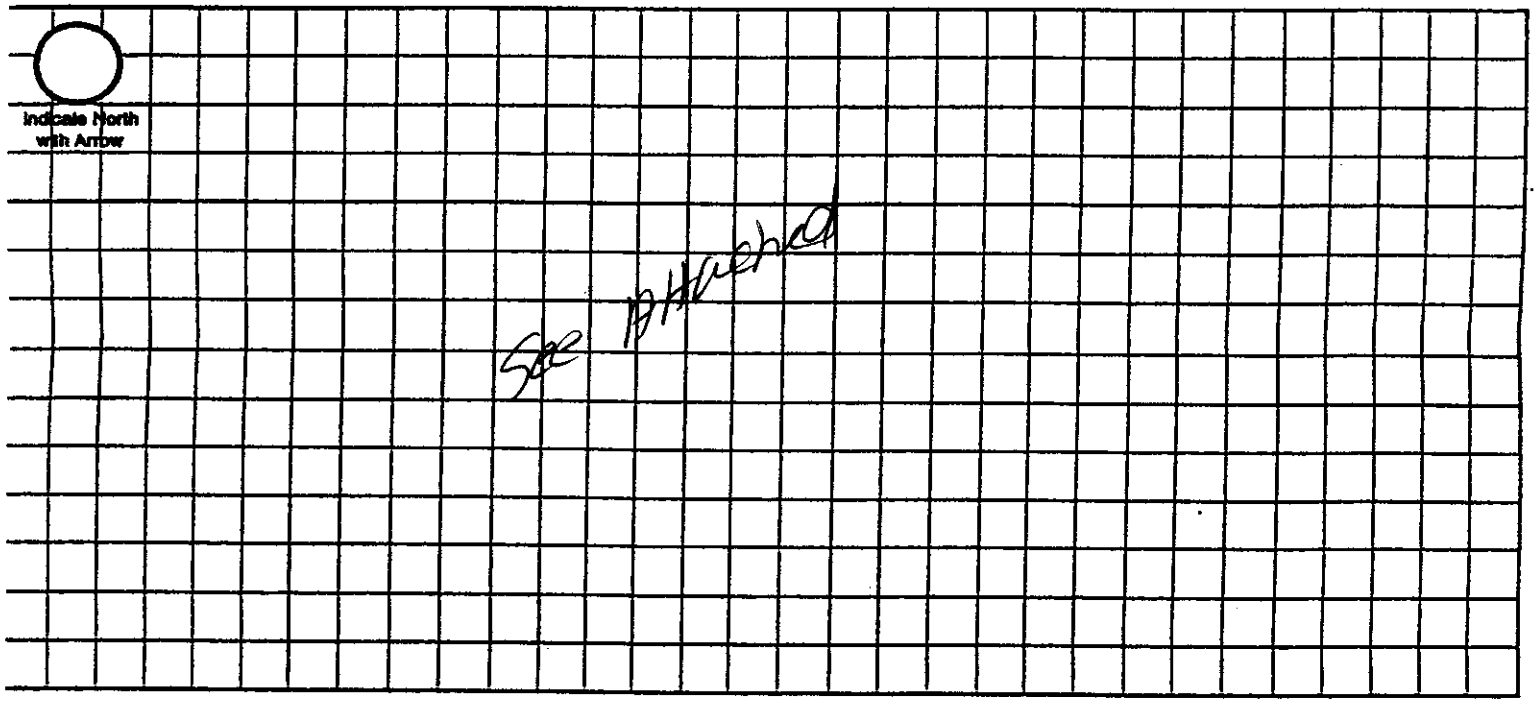
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

# Sewage Disposal System

## Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.




Approximate Scale: _____ ft. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5151 Bentley Dr City Lincoln NE, Zip 68516

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: SCL - Wymore Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1,750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Gravelless Chambers

Capacity of Septic Tank 1,000 existing gals 750 Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 3 Trench Width 40"

## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☑ | 500 ☑ | 50 ☑ | NA ☐ | 25 ☑ | 20 ☑ | 15 ☑ | 25 ☑ | ☑ |
| Field (ft) | 100 ☑ | 500 ☑ | 50 ☑ | 4 ☑ | 30 ☑ | 20 ☑ | 30 ☑ | 40 ☑ | ☑ |
| Lagoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## E. Required Signatures

Home Building Contractor existing Home Date _____

Installer Kevin L. Dhanken Date 8/5/13

FORM 23-102 10-96